ISSUE SLIP STAPLE AREA (for additional cross references)

POSMON	IMMIALS	ID NO.	DATE	=
FEE DETERMINATION	maa		10/19/94	
O.I.P.E. CLASSIFIER	meg	-11 7	10-18-99	'
FORMALITY REVIEW		(66) 88	Mary	
	BDAR	DEX OF CLAIMS	3-21-01	
	Reject			
=	Allow	ed I	Interference	
_ (Throu	igh numeral) Cance	led A	Appeal Objected	
÷	Restri	icted 0	Objected	
Claim Date	Claim	Date	Claim Date	
3899	B			
In I	Final		Original	1 1
	51		101	
	52		102	1111
3 N N	53		103	+++-
4 NN	55		105	
6 N N	56		106	
7 N N	57		107	++++
8 N N	59		109	+++
I I I I I I I I I I I I I I I I I I I	60		110	
11 1 1 1	61		111	
13 N N N	62		112	++++
14/1 V	64		114	
(15)(. 65		115	
16	66		116	++++
17	68		118	+++
	69		119	
19 20 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70		120	
\$1 \$2 \$3 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$3 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	71		121	
22	72	╒┋┋	123	+++
- 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	74		124	
25	75		125	+
26	76		126	++++
27	77	+++++	128	+++
	79		129	
30	80		130	
31	81	++++++	131	
32 33	82	 	133	+++-
34	84		134	
35	85		135	444
36	86	╽ ┼┼ ┩╏ ┼┼┼┼	136	++++
37 38	 	 	138	1111
39	89		139	
40	90		140	+++
41	91	 	141	+++-
42 43	92		143	
44	94	 	144	
45	95		145	
46	96	 	146	++++
47	97	1 1 1 1 1 1 1 1 1	1 1997 1 1 1	1 1 1

If more than 150 claims or 10 actions staple additional sheet here